



ON-SITE VOLUNTEER APPLICATION

Name (1) Last, First, Middle Initial	
Name (2) Last, First, Middle Initial	
Mailing Address, City, State, Zip Code	
Home Phone Number	Work Phone Number
Cell Phone Number/Message Service	E-mail address

Position you are applying for (i.e. Campground host, Interpretive services, etc.): _____

Circle months you are available to volunteer:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Which year(s) are you available: _____

Approximately how many hours per week/month are you available: _____

List in preferential order the State Parks at which you would like to volunteer:

1. _____ 2. _____ 3. _____

Previous relevant work and/or volunteer experience: _____

Education and/or training: _____

Special skills, interests, hobbies: _____

If you have any work limitations, please explain: _____

Circle camping equipment you will be using: Camper Trailer Motorhome Tent

Total length of campsite needed (including vehicle) 10' 15' 20' 30' 35' 40' 50' 55' 60'

RV hook-up needed? _____ Can your vehicle be totally self contained? _____

Will you have an extra vehicle? _____ Will you have any pets? _____

Number of people (including applicant) that will be residing at the campsite? _____

Applicant Signature: _____ Date: _____